

<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p>		Application Number 10/765,232	
		Filing Date January 26, 2004	
		First Named Inventor Aaron Stephen Meyers	
		Group Art Unit 2178	
		Confirmation Number 1750	
<input type="checkbox"/> Sent via Express Mail Label No.:		Examiner Name Cesar B. Paula Attorney Docket Number 310480.01	
ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment (13 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (2 mo.) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5		<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) (sheets) <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	
CERTIFICATE OF MAILING OR TRANSMISSION <u>(Under 37 CFR § 1.8(a))</u> I hereby certify that this correspondence is being electronically deposited with the USPTO via EFS-Web on the date shown below: <u>September 9, 2008</u> Date <u>Noemi Tovar</u> Signature <u>Noemi Tovar</u> Printed Name		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Best, Reply Etc.) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div>	
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.			
SIGNATURE OF ATTORNEY OR AGENT			
Signature /Aaron C. Chatterjee/		Reg. No. 41, 398	
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